



ACOM Office of Financial Aid VA Certification Request

General

1) I am eligible for the following GI Bill program:

Chapter 1606 Chapter 30 Chapter 31
Chapter 33 Chapter 35 → VA File No. & Suffix _____

2) I am requesting certification of my enrollment for the following semester:

Fall 20__ Spring 20__ Summer 20__

3) I am requesting that the following mailing address be reported to VA on my enrollment certification. I understand the VA will send any and all correspondence to this address.

Street/Box _____

City _____ State _____ Zip _____

4) A copy of my VA Certificate of Eligibility (COE) is currently on file at ACOM.

Yes No If not, please attach a **current** COE which shows your remaining eligibility to this form.

Acknowledgment

By signing below, I certify that I have read and agree to the following:

- 1) I must complete this form each semester that I intend to receive VA educational benefits.
- 2) I must immediately report all changes in enrollment to the Office of Financial Aid. I understand that my withdrawal or administrative withdrawal from a course may result in the VA's recoupment of some or all benefits paid, and that I will be responsible for payment of any student debt created as a result of this recoupment.
- 3) I must certify my enrollment with the VA, either by phone or online, at the end of each month in order to receive payment if I am receiving Chapter 30 or Chapter 1606 benefits.
- 4) I understand that VA educational benefits may be discontinued if I fail to maintain Satisfactory Academic Progress.
- 5) I understand that I cannot receive benefits for enrolling in a class that is not required for my degree or for which I have previously received a passing grade.
- 6) I understand that classes must be certified using the actual dates of instruction, and the VA, not ACOM, will determine my benefit eligibility in accordance with their policies.

Name _____ SSN _____

Email _____ Phone _____

Signature _____ Date _____

Completed forms may be scanned and emailed to financialaid@acomedu.org or submitted to the Office of Financial Aid, Alabama College of Osteopathic Medicine, 445 Health Sciences Blvd, Dothan, AL 36303.